





## **SELF - ATTESTATION**

	FOR:	INCOME	IDENTIFICATION
l,	, an applicant with the Prugråman Salåppe'		
Program, do hereby attest that	t I am unak	ole to provide the	e following document(s):
For the following reason(s):			
WARNING Title 18, Section 1001 of the FOR KNOWINGLY AND WILLINGLY MA agency of the United States. MAKING F	KING FALSE C	OR FRAUDULENT STA	<b>TEMENTS</b> to any department or
I attest that the statement abo	ove is true,	correct and com	plete.
Print Name and Signature			 Date